

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L59047

1. Entity Name
SENIOR INSURANCE RESOURCES, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90106 038 ***150.00

Principal Place of Business

1325 NO. ATLANTIC AVE
163
COCOA BCH FL 32931
US

Mailing Address

C/O JOHN J. ALEXANDER
PO BOX 320310
COCOA BCH FL 32932
US

710713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5505 N. Atlantic Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

127

City & State

Cocoa Beach, Fl.

City & State

4. FEI Number

59-2997248

Applied For

Not Applicable

Zip

32931

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, JOHN J.
1325 N ATLANTIC AVE
163
COCOA BCH FL 32931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ALEXANDER, JOHN J. | |
| STREET ADDRESS | 1527 S ATLANTIC AVE #401 | |
| CITY-ST-ZIP | COCOA BCH FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | ALEXANDER, ROCHELLE A. | |
| STREET ADDRESS | 1527 S ATLANTIC AVE #401 | |
| CITY-ST-ZIP | COCOA BCH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

John J. Alexander, President

Date 1/07/01

(321) 783-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)